April 14, 2021

The purpose of the internship is to: provide learning experiences outside of the traditional classroom, engage each student in topics of interest to them, and build the strength of our community through positive relationships between business/community partners and students.

Internship Agreement

**A Guidance Document**

**The Maine Department of Education and the Maine Department of Labor created the following guidance in collaboration with the stakeholders listed on page 13 of this document. Users are encouraged to consult any applicable SAU/CTE policies and procedures for consistency and consider whether additions to or subtractions from the guidance or model documents are appropriate.**

|  |  |
| --- | --- |
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**Internship Learning Agreement**

The purpose of the Internship is to provide learning experiences outside of the traditional classroom, engage each student in topics of interest to them, and build the strength of our community through positive relationships between community business partners and students.

|  |  |
| --- | --- |
| Student Name |  |
| Business/Community Partner |  |
| Career Pathways Coordinator |  |
| Building Administrator |  |

|  |  |
| --- | --- |
| **Student Section** | |
| Student Area of Interest |  |
| Grade |  |
| High School Name |  |

|  |  |
| --- | --- |
| **Internship Manager Section** | |
| Career Pathways Coordinator |  |
| Building Administrator |  |
| Supervising Teacher/Staff (if applicable) |  |

**Internship Learning Agreement**

|  |
| --- |
| **Student Responsibilities** |
| The student responsibilities are: |
| * Communicate any issues or concerns in a timely manner to the Career Pathways Coordinator (if applicable, include Supervising Teacher). * Participate in site safety training * Attend all meetings and Business/Community site visits per project outline. * Contact the Business/Community site and the Career Pathways Coordinator (if applicable, include Supervising Teacher) in the event of anticipated absence or tardiness. * Reschedule meetings and/or Business/Community site visits in the event of an absence. * Complete all agreed upon student tasks and documentation as listed in the Project Outline, including a thank you note to Business/Community Partner. * Develop and maintain a portfolio of activities, reflections, assignments, projects, and any other deliverables as outlined. * Develop and deliver a final project presentation to be assessed by your learning team. * Failure to meet all parts of the agreed upon could result in your dismissal from the internship. * If for credit, once site visits have begun and the internship is in the student's schedule, withdrawal from the internship can result in a "WF" (withdrawal fail) for the Internship class on the student's transcript. * Maintain professionalism during the internship |

Date:

Student Signature:

**Internship Learning Agreement**

|  |
| --- |
| **Career Pathways Coordinator Responsibilities** |
| The Career Pathways Coordinator responsibilities are: |
| * Locate and secure a community/business partner site * Perform the site safety check * Verify safety training provided for student * Review the Business/Community Partner’s discrimination and harassment policies and check for consistency with the School Administrative Unit (SAU)/Career and Technical Education (CTE) site discrimination and harassment policies. * Review and determine (with the Business/Community Partner), whether the SAU/CTE or the Business/Community Partner carries the burden of providing liability insurance related to the student’s participation in the internship, as well as the scope of such insurance. * Create the Project Outline based on information from the student, teacher, and site. * Be available to the student per the project outline. * Serve as liaison to the Business/Community site and be available to address concerns if they arise. * Facilitate and document student progress and completion using predetermined methods of documentation. * Notify site of any concerns or unforeseen events that may affect scheduling and/or completion of the internship. * May end an internship if a student is behind in appointments and learning tasks. |

Date:

Career Pathways Coordinator Signature

**Internship Learning Agreement**

|  |  |
| --- | --- |
| **Parent/Guardian Consent Form** | |
| Dear Parent/Guardian,  This form provides information to you regarding STUDENT NAME participating in an internship. Please read and fill out the Emergency Medical Authorization section on page 6. When you sign this form, you give permission for your adolescent to participate in the internship. If you have any questions, please reach out to the school contact person.  The purpose of the internship is to provide learning experiences outside of the traditional classroom, engage the student in topics of interest to them, and build the strength of our community through positive relationships between community business partner and the student. | |
| Career Pathways Coordinator |  |
| Supervising Teacher/Staff (if applicable) |  |
| Business/Community Partner |  |
| Business/Community Mentor |  |
| Type of Business |  |
| Internship Location |  |
| Internship Start Date |  |
| Internship Projected End Date |  |
| Internship Schedule |  |
| Your adolescent is participating in a multi-day (long term) internship and will be working from a Project Outline. If it is the school’s intent and policy, the evidence of successful completion of the internship can be used to obtain graduation credit through the internship experience.  Please review your adolescent's Project Outline. It provides information on the primary tasks and the days/times of the internship. Information is provided if your adolescent goes to their internship site during the regular school day. By signing below, you give permission for your adolescent to leave during regular school hours (during their assigned internship time) to attend their internship site through one of the school approved transportation methods listed below.  Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_  Transportation: Private Car \_\_\_\_\_School Transportation\_\_\_\_\_ Public Bus\_\_\_\_\_ Walk\_\_\_\_\_ Other: \_\_\_ | |

**Internship**

**Parent/Guardian Consent Form**

**Emergency Medical Authorization**

I agree to the following procedure should medical attention become necessary:

1. The Career Pathways Coordinator or Supervising Teacher, Business/Community Mentor, or authorized school representative will make every effort to contact the parent, explain the circumstances, and receive instructions for the student's care.
2. If the Career Pathways Coordinator or Supervising Teacher, Business/Community Mentor, or authorized school representative is unable to reach the parent, he/she will authorize medical attention, if such is deemed necessary, upon the advice of a qualified physician.

Parent/Guardian Contact (name/number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact (name/number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscriber: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I.D. Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Existing Medical Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treatment (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have any necessary medical kits been provided to the school? (Parent is responsible for providing any necessary kits.)

I have read this consent form and I give permission for STUDENT NAME to participate in the internship as it has been described in this form and in the Project Outline. I give permission to the Business/Community Mentor and Career Pathways Coordinator or Supervising Teacher to obtain and release information to each other as it relates to this internship and the goals and achievements of it. I further agree to assume financial responsibility for any medical costs incurred by STUDENT NAME while participating in the internship and understand that a student will not be allowed to participate in an internship without a signed "Parent Consent Form/Medical Authorization Form".

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Internship Project Outline**

Learning goals, including completion of a site safety training:

Teacher:

Student:

Start Date:

End Date:

Business/Community Partner:

Mentor (if applicable)

|  |  |
| --- | --- |
| **Student Tasks** | **Related Standards** |
|  |  |

|  |  |
| --- | --- |
| **Student Methods of Documentation** | **Teacher Methods of Documentation** |
|  |  |

We have read and understand the Internship Project Outline containing the learning goals, student tasks, and methods of documentation needed to obtain credit (if applicable) for this experience.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Student Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Career Pathways Coordinator

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Teacher /Staff Member (if applicable)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Building Administrator

**Internship Application**

**Section 1**: **To be completed by student and submitted to the Career Pathways Coordinator.**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year of Graduation: \_\_\_\_\_\_\_

Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Proposed Start/End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why are you interested in an internship?

Describe your professional and education goals.

What skills, qualities, and/or certifications make you qualified for this internship?

What educational or professional experiences have you had that have prepared you for this internship?

Professional or Education References

|  |  |
| --- | --- |
| Name |  |
| Phone Number |  |
| Relationship |  |

Times Available

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|  |  |  |  |  |  |  |

I certify that the information I have provided on this application is accurate to the best of my knowledge.

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Internship Application**

**Section 2:** **To be completed by Supervising Teacher/Instructor/School Counselor**

|  |  |  |
| --- | --- | --- |
| Has this student demonstrated proficiency in skills necessary to be successful in this internship? | ­\_\_Yes | \_\_No |
| Has this student demonstrated outstanding professionalism in your interactions with them? | \_\_Yes | \_\_No |
| Do you recommend this student for this internship? | \_\_Yes | \_\_No |
| Additional comments: | | |
| Signature: | Date: | |

**Section 3: To be reviewed and signed by Student, Parent/Guardian, Business/Community Partner, Business/Community Mentor, Career Pathways Coordinator, Building Administrator**

|  |
| --- |
| The Fair Labor Standards Act (FLSA) requires “for-profit” employers to pay employees for their work. Internships may be paid or unpaid. The test for unpaid interns and students is based on the courts’ “primary beneficiary test”. The seven-point criteria below must be used to determine employment relationship/status. If employment relationship is determined, then all federal/state wage protections apply. The primary beneficiary test is a flexible test and no single factor is determinative. Whether an intern or student is an employee depends on the unique circumstances of each case. Minimum age and prohibited occupation coverage apply whether or not it is an employment situation.  **Seven Point Criteria for Internship** |
| 1. The extent to which the intern and the employer clearly understand that there is no expectation of compensation. Any promise of compensation, express or implied, suggests that the intern is an employee—and vice versa. |
| 2. The extent to which the internship provides training that would be similar to that which would be given in an educational environment, including the clinical and other hands-on training provided by educational institutions. |
| 3. The extent to which the internship is tied to the intern’s formal education program by integrated coursework or the receipt of academic credit. |
| 4. The extent to which the internship accommodates the intern’s academic commitments by corresponding to the academic calendar. |
| 5. The extent to which the internship’s duration is limited to the period in which the internship provides the intern with beneficial learning. |
| 6. The extent to which the intern’s work complements, rather than displaces, the work of paid employees while providing significant educational benefits to the intern. |
| 7. The extent to which the intern and the employer understand that the internship is conducted without entitlement to a paid job at the conclusion of the internship. |

**Internship General Responsibilities of the Parties Involved**

Student:

1. Adhere to company policies including attendance, dress code, safety, required training, and others as they apply.
2. Maintain good academic and social standing at high school and CTE school (if applicable).
3. Complete all assignments and tasks associated with the internship.
4. Communicate any issues or concerns immediately with the company supervisor and the Career Pathways Coordinator.
5. Comply with safety training
6. Comply with company dress code

Career Pathways Coordinator:

1. Collaborate with company supervisor on planning internship activities and evaluating student performance.
2. Maintain regular contact with student and company supervisor regarding progress.
3. Communicate any issues or concerns immediately with student, company supervisor, school counselor, and Parent/Guardian.
4. Verify safety training acquired
5. Perform safety site visit prior to placement
6. Must review the 7- point criteria to determine employment relationship/status

Company Supervisor:

1. Be aware of and adhere to laws and regulations as they pertain to child labor.
2. If applicable, collaborate with Career Pathways Coordinator on planning internship activities and evaluating student performance.
3. Communicate to the Career Pathways Coordinator and student any policies and/or procedures relevant to the internship.
4. Provide a working environment and experience relevant to the student’s goals and objectives.
5. Provide appropriate training and supervision to promote safety and support the educational progress of the intern.
6. Communicate any issues or concerns immediately with the student and Career Pathways Coordinator.
7. Provide required safety training.
8. Provide student with notification of required dress code.
9. Provide appropriate onboarding process to student and Career Pathways Coordinator.

**All Parties**

DISCRIMINATION PROHIBITED

This Internship Program is a program of the NAME OF SAU/CTE. Discrimination because of race, color, sex, sexual orientation, gender identity or expression, religion, ancestry or national origin, age, or disability are prohibited.

DISCRIMINATION AND HARASSMENT POLICY AND PROCEDURE

Prior to entering into this agreement, the parties shall review the NAME OF SAU/CTE policies and procedures for reporting and investigating allegations of discrimination or harassment. The Business/Community Partner agrees to participate fully, including making any officers, directors or employees available to the SAU/CTE, in any investigation conducted by the SAU/CTE pursuant to its policy and procedures.

LIABILITY INSURANCE

Prior to entering into this agreement, the parties must discuss and determine whether the SAU/CTE or the Business/Community Partner carries the burden of providing liability insurance related to the student’s participation in the internship, as well as the scope of such insurance. This burden must not fall on the student or the student’s parent or legal guardian; however, engaging the student in this discussion can be an important learning experience.

RESPECT FOR CONFIDENTIALITY

Depending on the nature of the internship, students may be exposed to confidential information, including, but not limited to, the names of customers, clients, or patients of the business. Prior to the internship, the Business/Community Partner shall review any applicable legal requirements relating to confidentiality and the Business/Community Partner policies and procedures regarding confidentiality with the student. Failure to follow the law or Business/Community Partner policies during any internship should be reported to the student’s SAU/CTE for appropriate disciplinary action.

**ACKNOWLEDGEMENTS**

**Student:** Should my internship experience require me to miss class time, I understand that I am responsible for contacting the teacher prior to missing class and for submitting the assignment by an agreed upon date. I also understand that I will be responsible for attending a meeting with the Career Pathways Coordinator and will complete an internship packet, an evaluation, and a thank you note to my host. I understand that I am representing both my school and the Internship Program and will take responsibility for my actions during and after my internship experience.

**Parent/Guardian:** I give my permission for STUDENT NAME to participate in an internship experience. I further agree to assume financial responsibility for any medical costs incurred by STUDENT NAME while participating in the internship experience. I agree to provide or work with the school to arrange transportation for my child to and from the internship site.

|  |  |
| --- | --- |
| Intern Signature: | Date: |
| Business/Community Partner Supervisor Signature: | Date: |
| Parent/Guardian Signature: | Date: |
| Career Pathways Coordinator Signature: | Date: |
| Building Administrator Signature: | Date: |
| School Counselor Signature: | Date: |
| Supervising Teacher/Instructor/Staff (if applicable): | Date: |

|  |  |
| --- | --- |
| **Appendix A: Extended Learning Opportunities Stakeholder Group** | |
| **Name** | **Role** |
| Lanet Anthony | Co-Chair, Maine Community Coordinators Collaborative (Maine C3)  Director of Community Connections  RSU 14 |
| James Boothby | Superintendent  RSU 25 |
| Paulette Bonneau | Director  Biddeford Regional Center of Technology |
| Rachel Bowler | Labor and Safety Inspector  Wage and Hour Division  Bureau of Labor Standards  Maine Department of Labor |
| Samantha Brink | Co-Chair, Maine Community Coordinators Collaborative (Maine C3)  Career Exploration Manager  Sanford High School and Regional Tech Center |
| Scott Cotnoir | Director  Wage and Hour Division  Bureau of Labor Standards  Maine Department of Labor |
| Joan Dolan | Director of Apprenticeship & Strategic Partnerships  Bureau of Employment Services  Maine Department of Labor |
| Diana Doiron | Maine Learning Results Life and Career Ready Content Specialist  Maine Department of Education |
| Sarah Forster | Assistant Attorney General  Maine Attorney General |
| Margaret Harvey | Middle School Career and Technical Education Specialist  Maine Department of Education |
| Dwight Littlefield | Director  Career and Technical Education  Maine Department of Education |
| Katie McLaughlin | Workforce Development Coordinator  Mid-Maine Technical Center |
| Gail Senese | Director  Adult Education  Maine Department of Education |
| Donna Tiner | Federal Grant Manager  Career and Technical Education  Maine Department of Education |

**Appendix B**

Internship Evaluation CriteriaSample

|  |  |  |  |
| --- | --- | --- | --- |
| **Evaluation Due Date:** | **Student Name:** | **Employer/Internship Host:** | **Supervisor:** |

**Maine Dept. of Labor requires employer verification that the student-trainee continues to meet industry level standards as outlined in the Cooperative Education Training Plan Agreement (if applicable)**

C:\Users\diana.doiron\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\E800A8C7.tmp

**Supervision Signature                                                                                       Date**

**Instructions: For each row, record the score that most closely describes the student’s performance over the entire rating period.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **SCORE** | **4**  **Excellent; Exceeds expectations** | **3**  **Very good; meets expectations** | **2**  **Satisfactory; usually meets expectations** | **1**  **Unsatisfactory; Does not**  **meet expectations** |
| **Work Attitudes**  Motivation and energy for self- improvement, enthusiasm, pride in work, adaptability, and willingness to learn |  | Mature interest in training/job and desire to learn. | Shows interest in training & learning. | Has some interest in training / work. | Needs improvement in attitude and interest towards training/job. |
| **Team Skills**  Ability to get along with others, to use tact & courtesy, and to contribute to team efforts |  | Goes the “extra mile” to help make team successful. | Consistently courteous and helpful. Functions effectively as a member of a team. | Cooperative and courteous most of the time, Gets along well with others. Willing to support the teams’ efforts. | Difficult to work with. Uncooperative, moody and/or tactless.  Does not contribute to, or hinders, team efforts. |
| **Dependability**  Attendance, punctuality, conscientious, reliability in meeting commitments |  | Consistently present and highly dependable and conscientious. | Present and can be counted on to meet commitments. | Present and generally reliable. | Struggles with being present and cannot be relied upon to meet commitments. |
| **Appearance/Dress**  Appropriate hygiene, adheres to company policies and dress codes and appropriate demeanor. |  | Always professional and neat in appearance aligned with company policies and dress codes. Always exhibits appropriate demeanor. | Consistently adheres to company policies and dress codes. | Needs to be reminded about appropriate appearance occasionally. | Needs to improve hygiene, appearance, and dress to meet expectations of workplace. |
| **Interpersonal Communication**  Effective behavior, appropriate use of language, communication, and technology |  | Excellent interaction with customers, coworkers, and supervisors. Consistently interprets and follows instructions. Always uses language and technology appropriately. | Asks questions when needed, and generally follows instructions without difficulty.  Uses technology (cell phone) and language according to standard business policy. | Some difficulty communicating and following instructions. Occasionally uses inappropriate language. | Needs retraining in communications effectiveness and/or repeated and detailed redirection in appropriate use of communication. |
| **Initiative**  Is a self-starter and takes the lead in getting things done |  | Demonstrates ability to go above work requirements. | Wiling to meet obligations of the work. | Sometimes completes obligations of the work. | Needs to show more initiative to complete obligations of the work. |
| **Job knowledge**  Skill level, knowledge and understanding of all the phases of the job |  | Consistently  demonstrates knowledge and skills needed for work tasks in alignment with policies of business. | Demonstrates skills needed for work tasks and knows policies of business and work. | Asks questions about the business policies and seeks support to learn new skills to complete the work tasks. | Needs to gain more knowledge of the business policies and be willing to ask for help when unsure how to complete a work task. |
| **Safety**  Work habits and attitudes as they apply to working safely |  | Always practices job safety rules. Keeps workspace safe and tidy. | Usually practices job safety rules. | Sometimes needs a reminder of safety rules. | Needs to learn and practice better safety habits. |
| **Quality of work**  How accurate, neat, error free and complete is work? |  | Consistently high-quality work. Accurate and neat on both routine and more complex assignments. | Very accurate, careful, and neat. Seldom makes errors on routine assignments. | Work meets acceptable standards. Completes routine assignments with minimum of errors. | Work needs checking and improvement. Sloppy and often incomplete performance of work. |
| **Quantity of work**  How much acceptable work is produced? |  | Produces high volume of work. Typically asks for additional work and always strives to improve productivity. | Consistently completes work on time with little or no supervision required. | Satisfactory amount of work completed. Rarely fails to meet important deadlines. | Requires close supervision to complete assignments. Always behind in work. Seldom meets deadlines. |
| **GRAND TOTAL** |  |  |  |  |  |

**Supervisor’s Comments:**

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| --- |
|  |
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|  |
|  |
|  |

**Appendix C**

Internship Nomination Criteria Sample

**Student nominee:**

**Student is nominated by:**

|  |  |  |
| --- | --- | --- |
| **Instructor**  **NameC:\Users\diana.doiron\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\A524C44B.tmp** |  |  |

**Program**

|  |  |  |
| --- | --- | --- |
| * Automotive * Autobody * Welding * Residential   Construction * Electrical Mechanical * Precision Machining * Plumbing & Heating |  | * Computer Science * Engineering * Early Education * Certified Nursing   Assistant * Medical Assisting * Intro to Medical Science |

**Criteria**:

* A junior or senior, 16 years of age or older, enrolled in a CTE accredited program
* Nominated by an instructor
* In good academic standing and has achieved one of the following:
* Industry certified exam, OSHA and /or summative assessment
* 2-year program, first year completer in good academic standing
* Second year program / certification earned or pending
* Is over 16 and has passed their program industry certification exam (e.g., CNA, AWS)
* Positive attendance (may not participate with 3 unexcused absences/tardy)
* Is on track to receive credits for graduation

**Prerequisite before placement**

|  |  |  |
| --- | --- | --- |
| * Resume * Transportation * Host interview |  | * Completed safety   certification * Host company   agreement * Drug test |